

2003

AMENDED

FILED

03 OCT 24 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000034974
1. Entity Name

Bates Driscoll Construction, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1351 Chestnut Avenue Suite, Apt. #, etc.		3. Mailing Address 1351 Chestnut Avenue Suite, Apt. #, etc.	
City & State Winter Park, FL Zip 32789 Country USA		City & State Winter Park, FL Zip 32789 Country USA	

4. FEI Number 59-3643318	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

MRS

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Bates, Thomas R. Jr.	
Street Address (P.O. Box Number is Not Acceptable) 1351 Chestnut Avenue	
City Winter Park	FL Zip Code 32789

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State
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10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Bates, Thomas R. Jr. 1351 Chestnut Avenue Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS George Driscoll 1351 Chestnut Avenue Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800024082788 10/24/03--01018--024 **105.00
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Vice President 10/20/03 407-644-9209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)